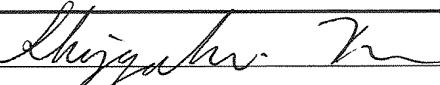
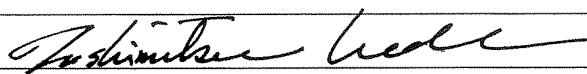
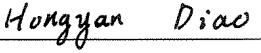


**CASE SPECIFIC POWER OF ATTORNEY WHERE MULTIPLE ASSIGNEES
ARE PRESENT OR IF THERE IS NO ASSIGNEE**

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	
	Filing Date	
	First Named Inventor	Shigeyuki KON
	Title: IMMUNOCOMPETENT CELL ACTIVATION INHIBITOR AND USE THEREOF	
	Attorney Docket Number:	

<p>I hereby appoint:</p> <p><input checked="" type="checkbox"/> Practitioners associated with the Customer Number</p>		
22850		
<p>as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.</p>		
<p>Please recognize or change the correspondence address for the above-identified application to:</p> <p><input checked="" type="checkbox"/> The address associated with the above-mentioned Customer Number.</p>		
<p>I am the:</p> <p><input checked="" type="checkbox"/> Inventor.</p>		
SIGNATURE OF INVENTOR		
Signature		
Name	Shigeyuki KON	Telephone
Date		
Signature		
Name	Toshimitsu UEDE	Telephone
Date		
Signature		
Name	Hongyan DIAO	Telephone
Date		
<p>* NOTE: Signatures of all the inventors are required. Total of _____ forms are submitted.</p>		

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